

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re : Chapter 11 Case
LEHMAN BROTHERS HOLDINGS INC., et al., : 08-13555 (JMP)
: :
Debtors. : (Jointly Administered)
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THIS IS A RESPONSE TO THE

"NOTICE OF HEARING ON DEBTORS' FORTY-FIRST
OMNIBUS OBJECTION TO CLAIMS (LATE FILED CLAIMS)"
DATED: September 13, 2010

| CLAIM | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Creditor Name and Address: Smejkal, Frank 1305 Beverly Street Houston, TX 77008 | Claim Number: 34673 Date Filed: 9/23/2009 Debtor: 08-13555 Classification and Amount: UNSECURED \$250,000.00 |

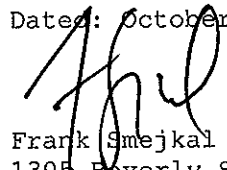
This filing is made to evidence my objection to the disallowance, expungment, reduction or reclassification of my claim(s) listed above under CLAIM 34673, and by this response I am filing with the Court and serving the parties listed in the notice described above. This filing is made in response to the OMNIBUS OBJECTION TO CLAIMS (LATE FILED CLAIMS) dated September 13, 2010.

On or about September 21, 2009 I filed a proof of claim in the above styled action which was accepted by the court. On or about September 24, 2010 I received notice that the claim had been disallowed as a result of a late filing. By this filing, I request the court to reconsider the disallowance of the claim based on the late filing.



The claim(s) listed above should not be disallowed, expunged, reduced or reclassified due to the fact despite the good faith efforts to file the claim before the September 22, 2009 bar date, the mail was inadvertently delivered a day late. This was despite my good faith efforts to ensure timely delivery through proper expedited postage and handling. In support of the foregoing, please find the enclosed copy of the EXPRESS MAIL receipt that has a Scheduled Date of Delivery of 9/22/2010 and a Scheduled Time of Delivery by Noon to support this filing. For all other documentation for the claim please see the proof of claim previously filed with the Bankruptcy Court. Further, there should be no prejudice by allowing this claim.

For the foregoing reasons, I request that the claim be reinstated and not subject to the Omnibus Objection to Claims for Late Filing.

Dated: October 08, 2010

A handwritten signature in black ink, appearing to read 'F. Smejkal', is written over the typed name.

Frank Smejkal
1305 Beverly Street
Houston, Texas 77008
(713) 705-2772

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|  EH 924592191 US | |  EXPRESS MAIL <small>UNITED STATES POSTAL SERVICE®</small> | | Customer Copy <small>Label 11-B, March 2004</small> | |
| | | | | Post Office To Addressee | |
| DELIVERY (POSTAL USE ONLY) | | | | | |
| Delivery Attempt | | Time | | Employee Signature | |
| Mo. Day | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | |
| Delivery Attempt | | Time | | Employee Signature | |
| Mo. Day | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | |
| Delivery Date | | Time | | Employee Signature | |
| Mo. Day | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | |
| CUSTOMER USE ONLY | | | | | |
| PAYMENT BY ACCOUNT Express Mail Corporate Acct. No. | | | | <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. | |
| Federal Agency Acct. No. or Postal Service Acct. No. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Mailer Signature </div> | | | | | |
| ORIGIN (POSTAL SERVICE USE ONLY) PO ZIP Code: 77024 Date Accepted: 9/21/09 Time Accepted: 9:27 AM Flat Rate <input type="checkbox"/> or Weight: 4 lbs. | | | Day of Delivery: <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day Scheduled Date of Delivery: 9/22 Scheduled Time of Delivery: <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code: | | |
| Postage: \$ 17.50 Return Receipt Fee: \$ COD Fee: \$ Insurance Fee: \$ Total Postage & Fees: \$ 17.50 Acceptance Emp. Initials: RR | | | | | |
| <div style="display: flex;"> <div style="flex: 1;"> FROM: (PLEASE PRINT) PHONE () SMEJKAL 1305 BEVERLY STREET HOUSTON TX 77008 </div> <div style="flex: 1;"> TO: (PLEASE PRINT) PHONE () EPIC BANK Ruptcy Solutions, LLC ATTN: LEMMA BROTHERS Holdings CLAIMS PROCESSING 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NEW YORK <small>ZIP • U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.</small> 1 0 0 1 7 + </div> </div> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FOR PICKUP OR TRACKING Visit www.usps.com Call 1-800-222-1811 </div> <div>  </div> </div> | | | | | |
| FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW. <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |